

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10153449

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		2				
7		2				
8		1				
9		1				
10		1				
11		1				
12		1				
13		2				
14	1		1			
15		1				
16		1				
17	1		1			
18		1				
19		1				
20	1		1			
21	1		1			
22	1		1			
23		8				
24						
25			1			
26						
27						
28						
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49						
50						
TOTAL IND.	7	↓	8	↓		↓
TOTAL DEP.	20	←	18	←		←
TOTAL CLAIMS	27		26			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						